

What I think of where I live



The Learning Disability Partnership Board would like you to tell us what you think about where you live.

1. Do you live?



Tick one box

With your family?



In a residential home?









On your own?



In a shared house?






Somewhere else? 	<input type="checkbox"/>
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2. Who do you get support from where you live?	Tick as many boxes as you like
Your family? 	<input type="checkbox"/>
Staff? 	<input type="checkbox"/>
Friends? 	<input type="checkbox"/>
Neighbours? 	<input type="checkbox"/>
I don't need support 	<input type="checkbox"/>

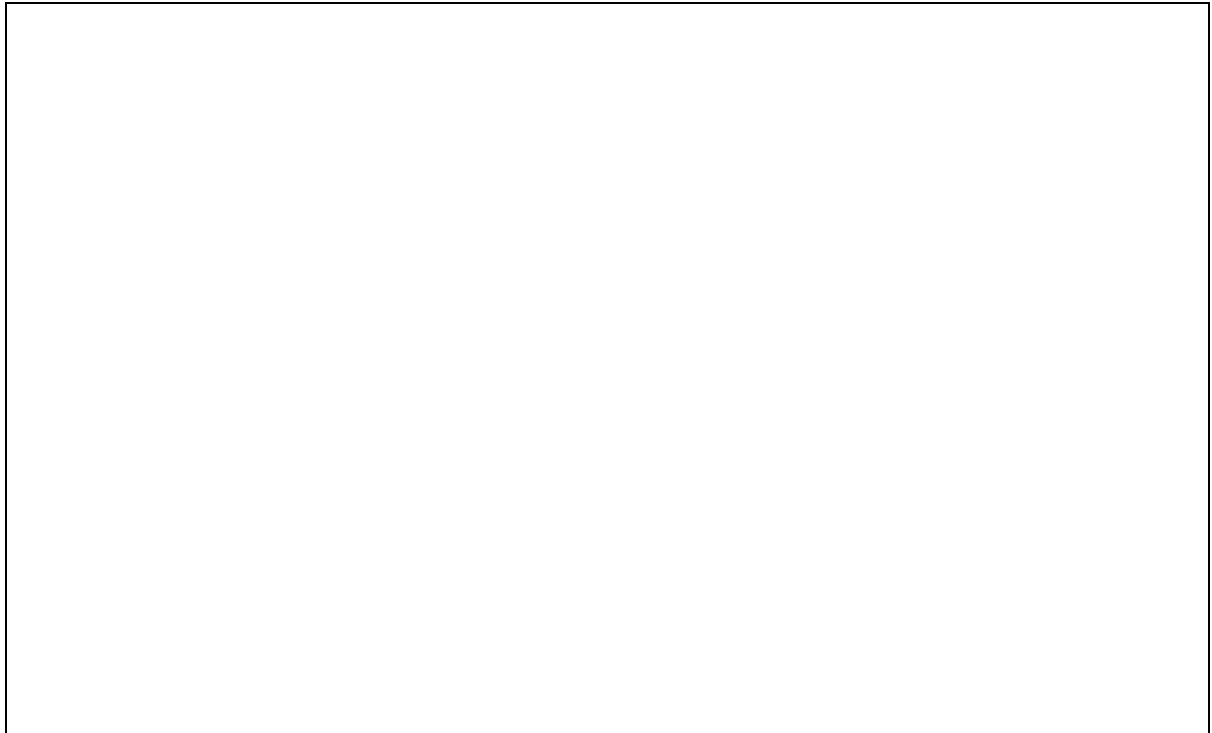
3. Are you happy with the place you live in?



	Yes	<input type="checkbox"/>
	Not sure	<input type="checkbox"/>
	No	<input type="checkbox"/>




4. What do you like about where you live?
 5. What don't you like about where you live?
 (You can tick as many as you like)

		Like	Don't like
	Where it is	<input type="checkbox"/>	<input type="checkbox"/>
	People who work there	<input type="checkbox"/>	<input type="checkbox"/>
	Who I live with	<input type="checkbox"/>	<input type="checkbox"/>
	How it looks inside	<input type="checkbox"/>	<input type="checkbox"/>
Other (please say)			









6. Were you involved in choosing the place you live in?





	Yes	<input type="checkbox"/>
	Not sure	<input type="checkbox"/>
	No	<input type="checkbox"/>

7. Where would you like to live in the future?

Please tick a box below

	On my own	<input type="checkbox"/>
	In a shared house with my own tenancy	<input type="checkbox"/>
	In a residential home with others	<input type="checkbox"/>
	In my own place with support nearby	<input type="checkbox"/>
	With my family	<input type="checkbox"/>
	With another family (shared lives)	<input type="checkbox"/>
	Stay where I am	<input type="checkbox"/>

8. If you want to move home, do you have a MOVE ON PLAN?



	<input type="checkbox"/>
	<input type="checkbox"/>

9. Is there anything else you want to tell us about where you live?

We would like to hear your good news stories about where you live, what you are proud of, what has or hasn't helped you.

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10. Did you complete this survey yourself?

Thank you for completing this survey

Please return it to;-

Paul Choppen - Partnership Board Assistant

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